

The whole of the vomer and ethmoid plate was removed until ultimately the basi-sphenoid was reached. A good view of the base of the skull in this region was obtained by keeping the passage open with a long Killian's speculum, the light being thrown in from a forehead mirror. Hæmorrhage was effectively controlled by swilling with pure peroxide of hydrogen. The V-shaped process of the articulation of the vomer with the sphenoid was a guide to the proper locality on sphenoid. An opening with a small trephine into the sphenoidal sinus was continued through its posterior wall into the sella turcica. A cyst cavity containing three drachms of clear fluid was opened into. Through preserving the mucoperiosteum of the septum the nasal fossa was not opened into, and the probabilities of sepsis avoided.

A. J. Brady.

EAR.

Jones, Hugh E.—The Operative Treatment of Aural Vertigo due to Causes other than Suppuration. "Liverpool Medico-Chirurgical Journ.," July, 1912.

Ablation of the labyrinth for non-suppurative aural vertigo was first performed by Lake in 1904, and since then not more than about twenty cases have been done. An operation, which differs in having for its object the reduction of tension in the labyrinth by simple opening of the perilymphatic space of the external semi-circular canal with preservation of auditory and vestibular functions, was performed by Jenkins in 1911.

Suitable cases for ablation seem to be those pure labyrinthine cases, in which the vestibular organ still responds to experimental stimulation, and in which recurrent attacks interfere with their duties in otherwise healthy persons, where the hearing is good in one ear and defective in the other, and where falls are likely to be dangerous and the symptoms cause severe mental distress. Unsuitable cases are those in which rapid and complete destruction of the vestibular function has occurred, and also functional and toxic cases and those with lesions of the central nervous system. Aural vertigo, resulting from lesions of the external or middle ears, should be rather treated by attention to these regions. Even in cases of true Ménière's disease, old age, or severe general disease, or an inability to refer the symptoms definitely to one ear, operation is contra-indicated.

Lake obtained his object of complete destruction of the branches of the vestibular nerve by first doing a radical tympano-mastoid operation, and then opening the vestibule both above and below the aqueductus Fallopii.

The author, however, considers this unnecessary. By his method the antrum is first freely opened as in Schwartze's operation until the inner wall is exposed and a good view of the prominence of the external semi-circular canal obtained. This is opened by Lake's chisels, and its outer wall removed forwards into the vestibule. The vestibular cavity is curetted, especially its upper posterior and internal walls with the ampullary openings of the superior and external canals. The posterior limb of the external canal can also be followed backwards and the ampulla of the posterior canal destroyed. The cavity is swabbed out with an antiseptic fluid and the wound closed, being drained until the stitches are removed on the fourth day. The author has operated on four cases by this

method. The first three were reported in the *Proceedings of the Royal Society of Medicine*, March, 1912.

The fourth case, an adult male, was operated on in February, 1912. He had suffered from repeated severe attacks of vertigo with partial deafness in one ear for a year. Ten days after operation the wound was healed, and the caloric reaction absent on the operated side. At the time of writing the vertigo was cured, the ear was completely deaf, and there was a slight tinnitus.

A. J. Wright.

Day, Ewing W.—Subdural Drainage in Purulent Meningitis and Brain Abscess: Reports of Two Cases, with Autopsies. "Annals of Otology, Rhinology and Laryngology," vol. xx, p. 394.

The conclusions drawn from Dr. Day's two cases are: (1) Dural drainage is effective over a limited area, but extends some distance beyond the drain. (2) These dural areas were found at the autopsy comparatively normal. This is probably due to the fact that the dural drain is most active at first, and ceases after thirty-six to forty-eight hours, probably caused by the blocking of the arachnoid spaces leading to the drained area, which also protects it from re-invasion. (3) To be effective in general meningitis many drains on both sides of the skull would be necessary. Without having had an opportunity to test it, lavage of the cerebro-spinal subarachnoid spaces, as proposed by Barr, appeals most strongly to the writer.

Macleod Yearsley.

REVIEWS.

The Pituitary Body and its Disorders: Clinical States produced by Disorders of the Hypophysis Cerebri. By HARVEY CUSHING, M.D., Associate Professor of Surgery, the Johns Hopkins University, &c. Pp. 341. 319 illustrations. Philadelphia and London: J. B. Lippincott Company. Price 18s. net.

Within recent years the surgical attack upon pituitary tumours has proceeded by way of the sphenoid. Within recent years, also, the knowledge of the disturbances, local and constitutional, produced by pathological states of the hypophysis has taken giant strides. For these reasons we propose to devote an amount of space greater than usual to the review of Prof. Cushing's book, the most comprehensive and authoritative on the subject which has so far appeared. In doing so, we shall not attempt to give more than an abstract *résumé* of the matters therein treated. For details we refer the reader to the book itself.

Anatomically the pituitary body is developed in two parts—the *anterior*, originating like the thyroid gland from an epithelial outgrowth from the bucco-pharyngeal cavity; and the *posterior*, formed from the base of the anterior cerebral vesicle (the neuro-hypophysis or pars nervosa). In the subsequent development of the fœtus the anterior or pharyngeal portion is cut off from its site of origin by the growth of the bone of the sphenoid, and comes to embrace the pars nervosa like a cup and ball. This dual constitution of the gland persists throughout life and the line of cleavage between them can be demonstrated without difficulty, although as a matter of fact this line of cleavage does not precisely represent the division between the two parts, for the anterior supplies a